ATTACH ADDITIONAL SHEETS IF NECESSARY

NAME OF NONPROFIT CORPORATION

PART I - OFFICERS				
ME			PRESIDENT	
ADDRESS	CITY	STATE	ZIP CODE	
NAME		VIC	VICE PRESIDENT	
ADDRESS	CITY	STATE	ZIP CODE	
NAME	l l	SECRETARY		
ADDRESS	CITY	STATE	ZIP CODE	
NAME			TREASURER	
ADDRESS	CITY	STATE	ZIP CODE	
PART II - DIRECTORS				
NAME				
ADDRESS	CITY	STATE	ZIP CODE	
NAME		1	1	
ADDRESS	CITY	STATE	ZIP CODE	
NAME	l l	I	I	
ADDRESS	CITY	STATE	ZIP CODE	
NAME				
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ADDRESS	CITY	STATE	ZIP CODE	
NAME				
ADDRESS	CITY	STATE	ZIP CODE	
NAME				
ADDRESS	CITY	STATE	ZIP CODE	